

Sterling Athletics Volunteer Hours Form

Volunteer Name: _____

Event: _____

Event Date: _____

Number of Hours: _____

Description of the volunteering:

Volunteer Signature: _____

Date: _____

Volunteer hours must be verified by a member of one of the following:
SABC Executive Board Member, Athletic Director, or Coach

Member Name: _____

Member Signature: _____

Date: _____